

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town _____
(c) Name of hospital or institution: 2301 Michigan
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 2
In this community 25 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2301 Michigan (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Novem day 27
year 1940 hour 9 minute P M.
21. I hereby certify that I attended the deceased from Novem
26 1940 to Nov. 27 1940
that I last saw her alive on Nov 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo-carditis
Duration 1 day

Due to Lobar Pneumonia
59

Other conditions Diabetes mellitus 3 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JOSEPHINE FRYE

8. (b) If veteran, Josephine Frye name war _____
8. (z) Social Security No. 40

4. Sex Female 5. Color or race negro
6. (a) Single (b) widowed (c) married (d) divorced

6. (b) Name of husband or wife Anderson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 24 1870
(Month) (Day) (Year)

8. AGE: 69 Years 10 Months 4 Days 3
If less than one day hr. _____ min.

9. Birthplace De Soto Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____ 9

12. Name Mark West 9

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Wynona

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Caroline Frye

(b) Address 2301 Michigan

17. (a) Burial (b) Date thereof 11/27/40
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director M. M. Brown

(b) Address 1905 E 14th

19. (a) 12-2-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *G. Sterling Billa*

Licensed Embalmer No. *P 3178*

P. O. Address *1811 E. 12th St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.